New Cases of Lung & Bronchus Cancer per 100,000, by Sex and Race/Ethnicity, 2013-2017

- Non-Hispanic black men have the highest five-year incidence rate* of lung & bronchus cancer, with 74.6 new cases per 100,000, 2013-2017.
- Hispanic women have the lowest five-year incidence rate* with 40.3 new cases per 100,000.

Since 2006, the incidence of lung cancer has significantly decreased by 1.6%, largely due to tobacco control policies and education. The incidence among males has decreased by 1.7% annually since 1990. The incidence among females has decreased only recently, and only decreased by 1.1% annually since 2006.

No significant mortality discrepancy was identified among men and women. Since 2004, the mortality among males has decreased by 3.8% annually. The decrease among females began later in 2006, and only decreased by 2.8% annually.

12% of Connecticut residents are current smokers.

Since 2005, lung cancer mortality has significantly decreased by 3.2%. The mortality among males has decreased by 3.8% annually since 2004. The decrease among females began later in 2006, and only decreased by 2.8% annually.

Contact Us
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2,669

Lung Cancer in Connecticut
November 2020

Prevention and Screening

Stage at Diagnosis

The majority of new lung cancers were diagnosed at distant stage (47%), where the cancer has spread for a distant site.

NSCLC accounts for 73% of newly diagnosed lung cancer cases in Connecticut.

13% of newly diagnosed lung cancer cases in Connecticut are SCLC.

Incidence

In 2021, 2,669 new lung cancers were diagnosed in Connecticut. Lung cancer is the third most commonly diagnosed cancer.

Since 2006, the incidence of lung cancer has significantly decreased by 1.6%, largely due to tobacco control policies and education. The incidence among males has decreased by 1.7% annually since 1990. The incidence among females has decreased only recently, and only decreased by 1.1% annually since 2006.

Prevention and Screening

The U.S. Preventive Services Task Force (USPSTF) recommends low-dose computed tomography (LDCT) to screen adults at high risk for lung cancer.

Stage at Diagnosis

The majority of new lung cancers were diagnosed at distant stage (47%), where the cancer has spread for a distant site.

Subtypes

- Lung cancers in typically grouped into 2 main histologic types: small cell (SCLC) and non-small cell (NSCLC).
- SCLC grows rapidly and is the most aggressive type of lung cancer.
- NSCLC grows slowly and is the most common type of lung cancer.

Mortality

Since 2000, lung cancer mortality has significantly decreased by 3.5%. The mortality among females has decreased by 3.6%; significantly lower than men. The decrease was consistent among breast and lung cancer, with 50 deaths per 100,000 in 2013.

New Hispanic women have the lowest five-year mortality rate* with 16 deaths per 100,000.

* Rates are age-adjusted to account for differences in age distribution in the underlying populations.
Lung Cancer in Connecticut

November 2020

Incidence

In 2013-2017, 2,669 new lung cancer cases were diagnosed in Connecticut. Lung cancer is the most commonly diagnosed cancer.

New Cases of Lung & Bronchus Cancer per 100,000, by Sex and Race/Ethnicity, 2013-2017

- INCREASE 2,669
- DECREASE 2,669
- Age-adjusted rate per 100,000
- Male
- Female

Since 2006, the incidence of lung cancer has inexplicably dropped by 1.6%, largely due to increased smoking awareness and cessation.

Prevention and Screening

86% of lung cancers can be attributed to smoking.

In 2017, 1,508 Connecticut residents died from lung cancer, making it the leading cause of cancer death.

Stage of Diagnosis

The majority of new lung cancer cases were diagnosed at distant stage (47%), where treatment options are very limited.

Subtypes

Lung cancer is typically grouped into two main subtypes: small cell (SCLC) and non-small cell (NSCLC), accounting for 84% of all cases.

The U.S. Preventive Services Task Force (USPSTF) recommends low-dose computed tomography (LDCT) to screen adults at high risk for lung cancer.

Among non-smokers, the leading cause of lung cancer is exposure to radon, a naturally occurring radioactive gas.

Patients diagnosed with lung cancer at distant stage have lower 5-year survival rates compared to those diagnosed early.

Stage at Diagnosis

Subtypes

High risk adults are those aged 55 to 80 years with a 30 pack-year smoking history who currently smoke or have quit within the past 15 years.

Mortality

Since 2005, lung cancer mortality has significantly decreased by 3.2%. The mortality among males has decreased by 3.8% annually since 2004. The decrease among females began later in 2006, and only decreased by 2.8% annually.

Lung & Bronchus Cancer Deaths per 100,000, by Sex and Race/Ethnicity, 2013-2017

- INCREASE 1,508
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- Female

Since 2006, lung cancer mortality has significantly decreased by 1.6%, largely due to increased smoking awareness and cessation.

This work has been supported by federal funds from the National Cancer Institute, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN261201800002I.

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New Cases of Lung & Bronchus Cancer per 100,000, by Sex and Race/Ethnicity, 2013-2017

- NSCLC 73%
- SCLC 11%

Prevention and Screening

- 86% of lung cancers can be attributed to smoking*
- In 2017, 1,508 Connecticut residents died from lung cancer, making it the leading cause of cancer death.

Stage at Diagnosis

- Lung cancer is typically grouped into two main histologic types; small cell (SCLC) and non-small cell (NSCLC), accounting for 84% of all cases.
- The U.S. Preventive Services Task Force (USPSTF) recommends low-dose computed tomography (LDCT) to screen adults at high risk for lung cancer.

Mortality

- Since 2000, lung cancer mortality has significantly declined by 3.1%. The mortality rate in 2013 reached its lowest rate since 1980.
- Hispanic women have the lowest five-year mortality rate with 16 deaths per 100,000.

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>Subtypes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distant</td>
<td>NSCLC</td>
</tr>
<tr>
<td>Localized</td>
<td>SCLC</td>
</tr>
</tbody>
</table>

Prevention

- Among non-smokers, the leading cause of lung cancer is exposure to radon, a naturally occurring radioactive gas.
- If high radon levels are detected in your home or at work, several steps can be taken to reduce exposure. Please visit the DPH Radon Program website for more information:
  - www.ct.gov/dph/radon

Survival

- Stage at diagnosis significantly affects survival rates. The majority of newly diagnosed lung cancer cases in Connecticut are NSCLC.
- Patients diagnosed with lung cancer at distant stage have lower five-year survival rates, compared to 63% when diagnosed early.

<table>
<thead>
<tr>
<th>Stage at Diagnosis</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>63%</td>
</tr>
<tr>
<td>Regional</td>
<td>34%</td>
</tr>
<tr>
<td>Distant</td>
<td>6%</td>
</tr>
</tbody>
</table>

Incidence

- In 2013, 2,669 new lung cancers were diagnosed in Connecticut. Lung cancer is the most commonly diagnosed cancer.

<table>
<thead>
<tr>
<th>New Cases of Lung &amp; Bronchus Cancer</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,368</td>
</tr>
<tr>
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<td>1,283</td>
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New Cases of Lung & Bronchus Cancer per 100,000, by Sex and Race/Ethnicity, 2013–2017

| Subtype  | Male Non-Hispanic Black | Male Non-Hispanic White | Female Non-Hispanic Black | Female Hispanic
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCLC</td>
<td>85.0</td>
<td>73.4</td>
<td>40.3</td>
<td>34.8</td>
</tr>
<tr>
<td>SCLC</td>
<td>74.6</td>
<td>6.8</td>
<td>14.0</td>
<td>14.0</td>
</tr>
</tbody>
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